PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10, 291 670

		CLAIMS A	S FILED	- PART				SMALL	NTITY		OTHE	R THAN
_	····		(Colum	ın 1)	(Colu	umn 2)		TYPE [OR		ENTITY
TOTAL CLAIMS			21	21				RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		·	BASIC FE	E 385.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			21 m	inus 20=	* /			X\$ 9=	a	OR	X\$18=	
IN	DEPENDENT C	CLAIMS ·	3 in	ninus 3 ≐	\mathcal{C}			X43=	1.4	7		-
М	ULTIPLE DEPE	NDENT CLAIM F	PRESENT		- 4				 	OR		_
* 1:	f the difference	e in column 1 is	less than zero, enter "0" in column 2				+145=		OR	+290=		
			MENDED - PART II					TOTAL	344	OR	TOTAL	
_		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	DENIDENIE.	21.111	=		X43=		OR	X86=	
	rino i Prizo	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL		י אַר	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE	
m		CLAIMS	1	HIGHE	ST		lг		ADDI-	1 1		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		1 1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┟			OR	7,002	
							L	+145=		OR	+290=	
							. A[TOTAL DDIT. FEE	•	OR ,	TOTAL ODIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		±	Г	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	H	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	740=		OR	<u> </u>	
* 16	the entry in colum	nn 1 in lane than th					1	+145=		OR	+290=	
11	this the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								•	OR A	TOTAL	
	the Highest Nur	nber Previously Pa ber Previously Paid	id For IN THIS	S SPACE is 4	ess than	3. enter "3 "		DIT: FEE L			DDIT. FEEL	